percentage of pentose in the dry weight of the pancreas is nearly five times as great as in any other organ of the body, and is more easily combined and more readily set free than the corresponding sugar in other tissues, the reaction is obtained with much greater frequency and more constantly in lesions involving active degenerative changes in that organ than in others. A strongly positive reaction cannot be accepted as a conclusive indication of pancreatic infection. Cirrhosis of the pancreas will not give rise to a reaction unless there is also some active inflammation going on at the same time. So, too, in cancer of the pancreas, there is usually no reaction, for no destruction of gland substance takes place unless secondary inflammation sets in.

Schlesinger's Sign in Tetany.—The "leg phenomenon" in tetany (AMER. JOUR. MED. SCI., 1910, 758) has been confirmed by Glassner in one adult; and by Gottlieb in one of two children. ALEXANDER (*Deut. med. Woch.*, 1910, No. 22, 1030) reports positive findings in two adults, negative in two infants. He believes that it is entirely due to mechanical stimulation of the sciatic nerve by stretching; and is entirely analogous to the Trousseau phenomenon, which Fränkl-Hochwart by animal experimentation has shown to be of nervous, not vascular, origin. In both adults, pressure at the sciatic point elicited the typical position of the foot (talipes varus or equinovarus) as well as did Schlesinger's procedure—flexion of the thigh with extended knee. The pulse in the foot remained unchanged. Compression of the femoral artery did not lead to the typical foot position. In one case he was also able to bring on the typical position of the hand by hyperextension of the arm, causing traction on the brachial plexus. The radial pulse remained unaffected.

Primary Syphilitic Inoculations in Animals.—Numerous observers have succeeded in inoculating rabbits with syphilis; particularly by injection into the testicle or by implantation of tissue under the tunica vaginalis. The results have, however, been inconstant and the incubation time at least four to six weeks. TOMASCZEWSKI (*Deut. med. Woch.*, 1910, xxxvi, 1025) has obtained quite constant results "within 10–14–18 days, only seldom later." His technique consists in forcing the testicle out of the vaginal canal by abdominal pressure, making a small incision in the scrotum and then by blunt dissection, in which trauma is desirable rather than to be avoided, making a long pocket into which tissue from a primary lesion is inserted. The local reaction is not marked, but a small round-cell infiltration occurs in the great majority of cases with very numerous actively motile spirochetes. Hoffman reports fairly successful results in guinea pigs by an almost similar technique (*Deut. med. Woch.*, 1910, xxxvi, 1025.)

Glycogen Loss, Hypoglycemia, and Muscular Weakness in Morbus Addisonii.—In a previous communication, PORGES (*Ztschr. f. klin Med.*, 1909, lxix, 341) has reported a striking hypoglycemia after removal of the adrenals. Now he (*Ztschr. f. klin med*,, 1910, lxx, 243) reports the effect upon the glycogen content of the liver and muscles. Seven dogs were killed at intervals of four and one-half to eight hours after removal of the adrenals. At this time all showed great muscular weakness.

Their livers contained an average of 0.722 per cent. glycogen. If one animal be excluded, the average of the other six was 0.222 per cent. Schöndorff found 18.69 to 7.3 per cent. of glycogen in the livers of normal dogs on a similar diet. The muscle content of glycogen was 0.653 per cent. compared with Schöndorff's average of 4 per cent. In three dogs dying spontaneously after operation, the livers contained no glycogen whatever, the muscles an average of 0.187 per cent. The lack of glycogen is the cause of the hypoglycemia. The muscular weakness is in all probability due to lack of sufficient sugar and sugar-producing material; for muscle glycogen is well known to be far less readily available for the body than is the liver glycogen. This falls into line with the well-known sugar craving after severe muscular activity; and with Weiland's determination (*Deut. Arch. f. klin. Med.*, 1908, xcii, 223) of a hypoglycemia during the period of muscular exhaustion after prolonged work.

Pollack (*Arch. f. exper. Path. u Pharmak.*, 1909, lxi, 149) has shown that adrenalin glycosuria is due to the conversion of liver glycogen into sugar. He has also shown that in animals rendered glycogen-free by starvation and strychnine poisoning, adrenalin injections cause a new formation of glycogen and sugar. Eppinger, Falta, and Rudinger (*Ztschr. f. klin. Med.*, 1908, lxvi, 1) have found in pancreatic diabetic animals an increased glycosuria and D : n ratio after adrenalin injection, indicating a carbohydrate-forming action. Porges believes that with extirpation of the adrenals carbohydrate formation ceases. If, as other as yet unpublished experiments have led him to think, all protein and fat must be converted into carbohydrate before being available for body fuel, then extirpation of the adrenals destroys the ability of the body to convert potential into kinetic energy. A second possible explanation deals with the internal secretion of the pancreas, which tends to convert sugar into glycogen, glycogen into fat. Equilibrium is normally maintained by the counteracting influence of adrenalin, but when this is withdrawn the body glycogen is rapidly lost. Be this as it may, "one can almost estimate the glycogen content of the liver by the degree of muscular weakness exhibited" by these animals.

Simplified Blood Culture.—In the taking of blood cultures in private practice we are greatly hindered by the antibacterial action of the blood. This makes it necessary to dilute the blood with large quantities of media at once. The convenience and lessened danger of contamination are so great that Schottmüller and Lenharz advocate the far simpler technique of collecting blood in sterile flasks, defibrinating at once by shaking with glass beads, and making transplantation to media in the laboratory. But the percentage of positive findings is much less. Myerstein and Rosenthal (*Münch. med. Woch.*, 1910, lvii, 1432) show the importance of this antibacterial action. From fresh blood-bacterial mixture, plates made at once gave 47 colonies; those made immediately after defibrination, 21; those after four hours at room temperature, 5; after six hours, 1; and after twenty-four hours, no colonies NaCl in 5 per cent. strength stops coagulation and also largely or entirely inhibits the antibacterial action of blood. Myerstein and Rosenthal after adding 0.5 gram NaCl to 10 c.c. of blood-bacterial mixtures found an almost constant, sometimes very marked, increase in the num-